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Hidden Voices: Women, Cotton and Health

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Women have been involved in the production of cotton thread and cloth since antiquity. Textile and women's historians have documented how through the centuries women have managed the demands of work alongside domestic responsibilities, which has included the health of their household. Because cotton cloth manufacturing was the first industry to offer widespread paid employment to women in each region where the industry has located, female textile workers' responses to ill-health set a standard for women working in other industries and later textile regions.

Focusing on the first two regions to mass produce cotton goods, Lancashire, Great Britain and New England in the United States, this essay analyzes women's knowledge and perceptions of the health risks in the workplace, how they managed them and how personal circumstances sometimes shaped their responses, ultimately revealing women's agency. Some of the issues raised here were brought to public attention in the 1979 Hollywood blockbuster, *Norma Rae.* Loosely based on the life of Crystal Lee Sutton, a young union activist at the J. P. Stevens Mill in Roanoke Rapids, North Carolina the film revealed the poor working conditions, while highlighting the poverty and the importance of female coworkers in managing the daily challenges of the workplace. This essay draws on cotton workers' letters, memoires, stories, contemporary novels and oral histories, to challenge existing arguments that workers' prioritized pay over health, but which emphasizes the male experience (eg. McIvor, 125-142; Gross, 123-138, 182-88). It concludes by suggesting how these women's voices open new avenues for research about women, the production of cotton and health. Despite the migration of cotton manufacturing to the developing world,

the industry remains important for understanding regional and national health issues, alongside gender-specific health concerns.

Female Workers and Health pre-1860

A number of national overviews emphasize how there was no such thing as a common textile worker experience, even within a single textile region (eg. Glucksmann, Dowd Hall). Yet at any given point in time, all laborers in one room of one firm faced the same health hazards. These could include long hours working in confined, hot, humid spaces which aided both production and the spread of contagious diseases, and a dusty, noisy atmosphere. In the nineteenth-century rapidly growing mill towns of Lancashire and New England, contagious diseases dominated community health worries. For instance, in Lowell, Massachusetts, the model antebellum mill town with large numbers of young women cotton workers, the highly literate "mill girls" described mill and town life, including health issues, in letters home, and in their literary magazine, the *Lowell Offering.* In an 1847 letter, mill worker Mary Lucinda Hovey described to her friend Elizabeth Stevens how weaver Marrilla Williams had died from dysentery (CLH). Other workers living in the poorly ventilated, crowded, company boarding houses were also ill. While mill owners paid for smallpox vaccinations for their workers, disease and death rates from contagious diseases, including typhoid, cholera and tuberculosis, still remained higher in mill towns than farming communities. Yet many middle-class observers blamed the workers for becoming ill, including the Reverend Henry Miles. Miles wrote in 1845 how some women "freed from the guardianship of parental care, are greatly imprudent in their diet, or dress or exposure to cold and damp air… others still,… will contract a serious, perhaps fatal cold, through neglect to provide themselves with a warm shawl, or a pair of stout shoes" (124-25). Such gendered

assumptions contravened social expectations about women's role surrounding health care provision as well as the workers' health knowledge.

Despite the prevalence of contagious diseases, laborers also recognized specific workplace health hazards. In 1842, Sarah Grinnell, who worked in a mill in Upper Falls, Maine, complained in a letter home how excessive cotton dust made breathing uncomfortable, while Susan, writing in the *Lowell Offering,* described the dirt and dust and how some rooms felt like "a good green-house"(Jackson Homestead; 51-52). Still others, including the well-known Lowell mill worker Lucy Larcom, lamented the deafening machine noise (LNHP; 183). In fact, by 1850, 33 per cent of Lowell workers complained of ill-health, compared with 19 per cent in 1839 (*Cotton*). Yet these young New England mill girls were in the prime of life. While the full impact of such conditions on individual health was not yet realized, laborers' recognition that certain conditions caused ill-health implies workers' knowledge and understanding. Indeed, at Lowell's Hamilton Mills and elsewhere this revelation explained the young women's relatively brief periods of mill labor, demonstrating their agency through either controlling their labor or changing firms for better conditions (Hamilton Manufacturing Co.).

Many nineteenth-century observers believed with some merit that the New England mills were healthier than their Lancashire counterparts. Certainly the standard of most Lancashire mill town housing was worse than that in New England. Moreover, the cooler climate, alongside the damp working conditions, contributed to high rates of respiratory disease, including bronchitis and pneumonia. Historians have documented how these and other social and economic factors left Lancashire women's health more compromised and weaker than men's or their American counterparts (Greenlees, 2016, 471-473). Yet this

should not occasion assumptions that Lancashire women were any less concerned about health than their American counterparts. Indeed, novelists Charlotte Brontë and Elizabeth Gaskell described the physical impact of working in the unhealthy mill conditions. For instance, in Brontë's *Shirley*, the industrial realities of the textile county of Yorkshire, located next to Lancashire, are clear, with the "thundering mill" where the "poor girls" are described as "fading around you, dropping off in consumption or decline" (78; 294). Recognizing the importance of women in healthcare, Brontë described how they were "your tenderest nurses in sickness" (295). In *North and South,* Gaskell's former mill worker Bessy describes how she will have "them mill-noises in my ears for ever"… and yearned to get "away from the endless, endless noise and sickening heat." She also complained how the cotton fluff "winds round the lungs and tightens them up" (145; 181). Again, awareness of health risks implies understanding. However, Lancashire's low wages meant the family economy often required more than one income and the mills frequently provided women's best paid opportunity, so some discomfort was accepted. Nevertheless, and similar to their New England counterparts, Lancashire female laborers also regularly changed employers to where conditions were more pleasant, demonstrating agency through control (Greenlees, 2016, 473-75). While workplace conditions were miserable for many women textile workers, its production nevertheless challenges gendered assumptions about the sole dominance of the financial imperative of work to the detriment of personal health.

Women, Work and Health During Rapid Industrial Growth

The rapidly expanding cotton textile industry during the decades before the First World War brought increased workloads and a noisier, even dirtier and dustier workplace. Worker fatigue grew as laborers struggled to keep up with the machines. While wages rose, they did

not always compensate for the greater physical effort required. In New England, these changing conditions contributed to a shifting workforce that included many new immigrants to the United States. In her memoirs, former mill girl Harriet Robinson noticed the "tired hopelessness" of the "underfed" late twentieth-century mill women compared with earlier workers (204, 205). Yet not all women felt "hopeless." During the long, hot summer of 1873, over 100 women working in Lowell's Lawrence Manufacturing Corporation walked out because the mill agent would not consent to opening workroom windows to let the summer breeze cool them. Despite local newspapers keeping city residents dismayed by events, the strike failed. Nevertheless, the story reveals how women prioritized health sufficiently to risk their jobs to effect change. Yet not all mill workers considered public protest an option. Early twentieth century author and journalist Bessie Van Vorst described how Alabama laborers recognized the respiratory hazards from inhaling dirt and dust, but considered acceptance their only option (eg. 1903: 118, 232; 1908: 28-29). Indeed, Lewis Hine's early twentieth-century photographs, alongside social reformers' descriptions, reveal how poverty necessitated many New England families to send their children to the mills rather than to schools. That fact alone suggests fewer worker protests. While poverty and poor education limited laborers' printed voices, this should not imply women did not care. Rather, female mill workers relied on resilience, changing employers, and nostrums to address their lived-realities.

Lancashire women workers' lived experiences were similar to those of New England laborers. The population of Lancashire cotton towns had expanded alongside the industry, with housing quality often sacrificed for quantity. Large urban populations also meant that, similar to New England, town councils struggled to provide adequate sanitation and clean

water supplies to all homes. As the journalist and social investigator C. Allen Clarke observed in 1899, “The Lancashire factory operatives hardly ever feel quite well; they are always hanging between moderately bad health and serious illness, mostly troubles of indigestion and chest complaints” (57). In response, and similar to their New England counterparts, Lancashire women relied on kinship and friendship networks for health advice before seeking costly doctors, while immigrants to America turned to their countrywomen for assistance. These traditions of self-help and resilience were at the core of women’s working lives.

It is unsurprising, therefore, that two of the most popular patent medicines had their origins in cotton towns – Beecham’s Pills of Lancashire and Father John’s Medicine from Lowell. As Clarke remarked, mill workers were “[n]ot sufficiently ill to call in the services of a qualified practitioner (which is expensive), they are nearly always ill enough to require dosings of bronchitis mixture, headache pills, etc.” (57). Patent medicines contained various substances designed to ease the tired and sick, notably alcohol and morphine. New England’s Dr. William Hall’s Balsam advertised a cure for “consumption, cold, pneumonia, bronchitis, asthma, croup, whooping cough, and all diseases of the breathing organs.” Beecham’s and other purveyors made similar claims about their products. Indeed, so many patent medicines were marketed in factory towns that it would have been impossible to avoid them. Moreover, cotton workers willingly partook of self-medication to manage their own health as they saw fit. Choice provided women with a sense of empowerment. Recognizing the female and maternal consumer, many manufacturers targeted women, advertising cures for childhood maladies such as croup and whooping cough alongside broader respiratory complaints, including bronchitis, pneumonia and consumption. Worker

consciousness, autonomy and economic strength as individual wage-earners suggests greater analysis of women's medical consumerism could further our understanding about relationships among regions, ethnicity, race and medicine.

Women, Work and Health During Industrial Decline

By the 1920s, both the New England and Lancashire cotton industries were in decline as the industry moved to the south United States and countries with lower input costs. Late twentieth-century oral history projects about working and family life, together with eyewitness and observers writings, help to untangle relationships between women's discourses and experiences during industrial decline. The nature of these life narratives made health merely a topic of conversation, not the focus of the interviews. Yet the mere fact that female workers included health in their broader narratives suggests importance. While the human costs of industrialization are universal, work and its environment have different meanings for different social groups - men and women. Historian Mary Blewett's oral histories from twentieth-century Lowell mill workers revealed how many women demonstrated a commitment to, and a small fascination for, their work, despite the ill-health suffered. Other oral history collections from working women in nearby Lawrence, Fall River, Holyoke and North Adams, revealed the same (MWOL; WPOL; Shifting Gears). In contrast, Elizabeth Roberts's Lancashire interviewees generally disliked their jobs except for the benefits of female companionship which enabled them to put up with unhealthy aspects of their work.

Overall, mill workers selectively accepted certain health risks. Dori Nelson, who worked in the Lowell mills from the 1920s remembered how "It… [was] hot. O yes, oh yes, well it was part of life. It was part of our life…. We accepted it, we accepted the conditions

in the mill as part of our life. The humidity there."(MWOL) Yet other health risks remained unknown, including the consequences of inhaling cotton dust for many years. Although this could cause the debilitating, cotton-induced respiratory disease byssinosis, it was the 1970s before many American mill workers became aware of it. Valentine Chartrand who worked in Lowell in the years before World War II remembered that "Because in the winter the windows are all closed, you know. And all you get is that lint flying around. And you breathe a lot of that. And I always had a feeling that wasn't good for your lungs…" (MWOL). The same unfamiliarity applied to machine-induced industrial deafness. Mabel Mangan remembered how "The noise would drive you out of your mind.… but we didn't know it could hurt you." (MWOL; WPOL) However, ignorance concerning the potential long-term health risks should not presume women were unaware of more general health issues. As we saw, they relied on tonics, herbal remedies and turned to family and friendship networks for advice. Using the employer's medical provisions, including the Lowell Corporation Hospital, remained a last resort other than for accidents on the shop floor. Discourse about independent health initiatives and the importance of female health networks clearly run through the women's work-life narratives.

Lancashire oral history projects by Elizabeth Roberts, Lucinda Beier and Kate Fisher, have also uncovered women's medical knowledge about various health problems, contraception and abortion agents. Other oral history collections suggest women cotton workers' medical knowledge targeted everyday ills, not occupational. Like their New England counterparts, they remembered being unaware of the respiratory hazards attributable to cotton dust inhalation. Thelma Lynch recalled how "there were no air conditioning. There were cotton flyin about everywhere, and, it were terrible" (Voices from

the Mills). Mona Morgan, who spent over forty years working in a cardroom between the 1930s and 1970s and later suffered from byssinosis, claimed: “If anyone would have told me this would happen, I wouldn’t have gone in” (NWSA). Fellow byssinosis sufferer May Mitchell, employed in the 1930s and 1940s, confirmed that she had “Never heard the word [byssinosis], never heard the word til years after come out of t’mill” (NWSA). In contrast, the excessive machine noise, particularly in the weaving sheds, was simply an annoyance; nothing more. Joan Crump and others remembered leaving the mill each night feeling they were deaf (Voices from the Mill; Johnson, 82, 168). Noise was simply part of the job. It did not interfere with the job. Indeed, in *The Road to Nab End* (2002), bestselling author William Woodruff described how noise was an accepted part of Lancashire life. Mill workers were reputed for their ability to lip read, while outside the mills people simply talked louder. Noise meant employment and, similar to New England mill towns, the impact of noise on health was sadly ignored. During the twentieth-century regional deindustrialisation, the noise of operating factories was to be celebrated. It was not seen as gendered; nor was hearing-loss classed a health risk (Greenlees, 2019).

While the full importance of friendship networks to mill workers’ health is the topic of another paper, it was clearly important to women. Sometimes, this comprised minding machines so that a tired or ill friend could rest. Other times, a tonic, cigarette or advice resolved an immediate health concern. Female health networks were developed in the mill, alongside those in the community. Their purpose was the same, while some health issues differed.

Conclusions

The gendering of textile work and health in the world's first industrial cotton manufacturing regions has important implications for current textile regions. These, in turn, interact with the process of technological change, culture, capitalist development and consumer interest. While there are international health and safety standards, there are no guarantees today of implementation or enforcement. Disconnect of textile production past, between the workplace, gender and health, is clearly handed down in our current global textile trade (Greenlees, 2019).

While the movie *Norma Rae* emphasized the role of unions in improving working conditions, being a leading employer of women, the textile industry suggests other themes concerning women, health and work. Regional studies of cotton, work and health could uncover the importance of ethnicity, race and region, while pregnancy and disability have been overlooked. These issues, alongside any gendered impact of diseases and environments, can increase understandings about women's health and relationships between work and health across nations and time. While we must be sensitive to enormous differentiation within the global textile industry, by uncovering women's hidden voices surrounding cotton, health and work, we may not only raise women's profile as workers, but also be better able to address some of the workplace health challenges women textile workers continue to face today.

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